

## CLAIMS ONLY

Application Number

101702 092

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep.	Depend	Indep	Depend	Indep	Depend	
1	1						
2							
3		1					
4		1					
5		1					
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7							
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Total Indep.	3						
Total Depend.	11						
Total Claims	14						

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Total Indep.							
Total Depend.							
Total Claims							